PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10716279

(Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS				20		-	. [RATE	FEE	7 7	RATE	FEE
500			 			- STEVERA	ŀ	BASIC FEE		┨ _		
FOR			NUMBER FILED		NUMBER EXTRA		-	BASIC FEL	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			W minus 20=		<u>*</u>			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			(minus 3 =		0			X43=		OR	X86=	
MU	LTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			•	TOTAL		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II										•	OTHER	THAN
		(Column 1)		(Colum		(Column 3)	_	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
								TOTAL		OR	TOTAL ADDIT. FEE	
		^	NDDIT. FEE	<u></u>]	AUUII. FEL						
AMENDMENT B		(Column 1) CLAIMS		(Colum	EST	(Column 3)	Г		ADDI-			ADDI-
		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF ML	JLTIPLE DEP	ENDENT	CLAIM		t				200	
								+145=		OR	+290=	
			A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X43=	<u>-</u>	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								<u>-</u>	Un		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	
		mber Previously Paid					foun	nd in the app	ropriate box	in col	umn 1.	